REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 2 Seri		al/Pat	tent	#10/5	22346
3 Please refund the following fee(s):		4 PAP NUM	ER BER	5 DATE FILED	6 AMOUNT
Filing		/		1/24/05	\$ 50
Amendment					\$
Extension of Time					\$
Notice of Appeal/Appeal					\$
Petition					\$
Issue					\$
Cert of Correction/Terminal Disc.					\$
Maintenance					\$
Assignment					\$
Other					\$
		7 TOTAL AMOUNT OF REFUND		AMOUNT UND	\$ 50
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
Overpayment		Credit Deposit A/C #:			
Duplicate Payment		, 02-4550			
No Fee Due (Explanation):					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: # John Son TITLE: Mullegal CHANAGURE THE BOX - 9140					and go
SIGNATURE:PHONE:PHONE:					
OFFICE: ####################################					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: DATE:					
·					<u> </u>

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B